

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049458**

FILING DATE

APPLICANT(S)

**CLAIMS**

	LED	AFTER AMENDMENT		AFTER 2nd AMENDMENT			CLAIMS					
		IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1	/	/										
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50												
TOTAL IND.	4	4										
TOTAL DEP.	19	18										
TOTAL CLAIMS	23	22										
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY